TAB A: CMS System Certification Form

✔	**Certification is required for the following reason(s):**
	New System
	Major system modification
	Increased system data sensitivity level
	Serious security violation
	Changes in the threat environment
	Expired Accreditation

The signatures below attest that the appropriate technical certification evaluations have been conducted successfully.

_____
Name of System

_____
CMS Component

 (printed
name)_____(signature)_____
  CMS Component Information System Security Officer (ISSO)   **Date**

I, the System Owner/Manager/Maintainer, have examined the controls implemented for this system and consider them adequate to meet agency policy and the relevant business requirements. I also understand and accept the risk inherent in processing on a network or at the installation(s) that supports this system, particularly where the support system is operated outside of my management control. This certification is based on the documented results of the design reviews, system test and the recommendations of the testing teams.

 (printed
name)_____(signature)_____
  System Owner/Manager   **Date**

 (printed
name)_____(signature)_____

System Maintainer (Manager)   **Date**

Certification Restrictions

Certification is granted with the following restrictions (use additional pages if necessary):

Certification Actions

The following specific actions are to be completed by the dates indicated (use additional pages if necessary):